



Please print clearly in ink:

Last Name	First Name	M.I.
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Mailing Address _____

City/Town _____ State _____ Zip _____

Evening Phone _____ Daytime Phone _____

Date of Birth _____ Driver License Number _____

E-mail Address (optional)

We will notify you of your class assignment by mail, please provide a current mailing address. List a day and evening telephone number where we can contact you for possible schedule changes. If you are under the age of 18, you must have a parent or guardian co-sign your registration form.

Student Background

How much recent **bicycle** riding experience do you have?

☐ None ☐ A Little ☐ A lot

Describe your previous motorcycling experience.

☐ None ☐ Passenger Only ☐ Some Street Riding ☐ Dirt Bike Only☐ More than 2 years riding ☐ Other _____

Do you currently own a motorcycle? ☐ No ☐ Yes

Do you currently hold one of the following:

NH Motorcycle Permit? ☐ No ☐ Yes _____
For how long?

NH Motorcycle License? ☐ No ☐ Yes _____
For how long?

How did you hear about this course? _____

In what NH County do you live? Please circle one:

Belknap Carroll Cheshire Coos Grafton
Hillsborough Merrimack Rockingham Strafford Sullivan

Course Selection

When are you available to take the course? List as many dates as possible. Next to the dates, list your preferred locations in order of your preference.

[illegible]

Please note: Classes fill very quickly, especially at the beginning of the year. By choosing many different dates and locations, you increase your chances of being enrolled in a class. Add an additional sheet if necessary. **If all of your choices are full, we will return your registration and request that you add more dates.**

Course Type and Fees

Choose one of the following:

____ Basic Rider Course (BRC) \$110.00

_____ Intermediate Rider Course (IRC) \$50.00
Requires previous attendance
in a Basic level class. Previous class # _____

____ Returning Rider (RRC) \$60.00

_____ Experienced Rider Course (ERC) \$60.00

Please read the following and sign below: Participation in this course does not guarantee receiving a motorcycle endorsement. Successful completion of the course requires full attendance at every session and the successful completion of both a written test and a riding skill evaluation. If you are unable to complete the course or do not pass the evaluations, you will not receive a waiver of the DMV skills test. During the course, if you are unable to meet the objectives of the training or if you put yourself or any other student at risk, the Instructor must dismiss you from the course. **This course is non-transferable.** If you were not able to attend your scheduled course and would like to request a refund please see the requirements necessary per Saf-C 5305.04

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(For applicants under 18 years old)

Mail Completed Registration Form & Payment to:

**NH DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
ATTN: MOTORCYCLE RIDER PROGRAM
23 HAZEN DRIVE
CONCORD, NH 03305**

DEALER INFORMATION:

Select Payment Option

- ☐ Check or Money Order. Please make payable to "NH DMV"

Returned check policy:

We may re-present your checks electronically for any check returned for insufficient or uncollected funds. Your returned check will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution. Per RSA 6:11-a, A fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be charged for each returned check and collected with a separate electronic transaction.

- ☐ Credit card. Please provide your credit card information below:

Type of card

- ☐ Visa
☐ Master Card
☐ American Express

Card Number: _____ Exp. Date: _____

Name of Card Holder: _____

Billing Address: _____

Card Holder's Signature: _____

For Office Use Only

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